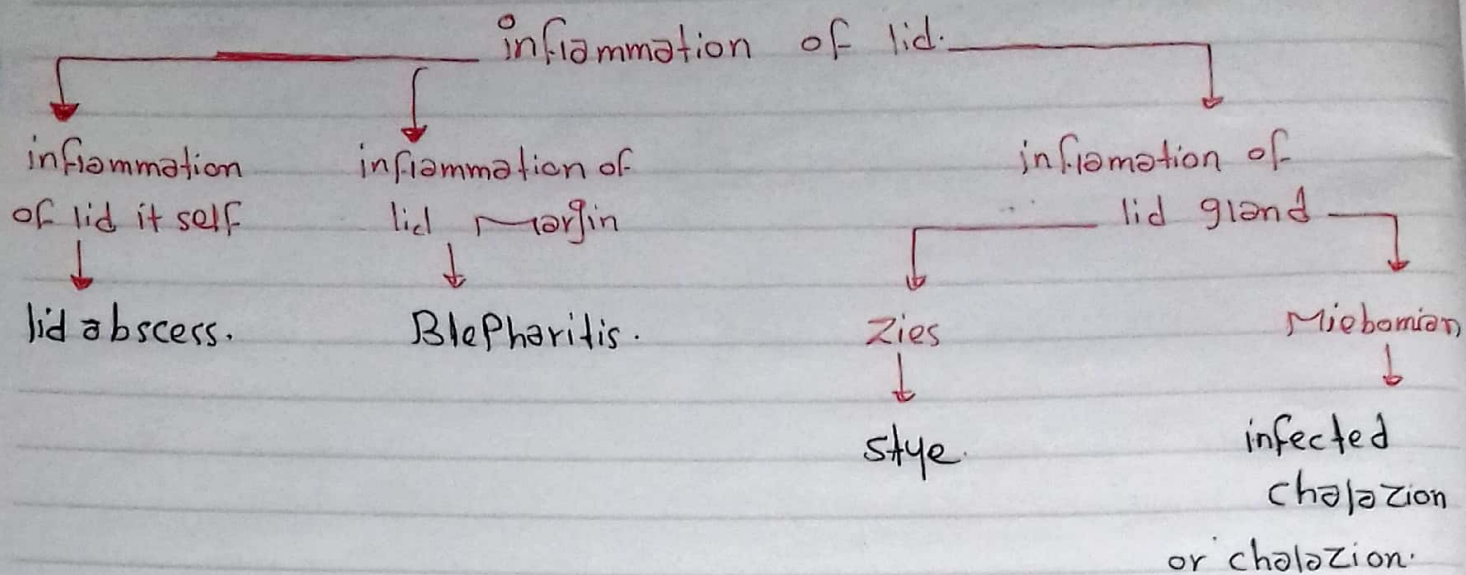




sheet — Blephritis —

def. chronic inflammation of lid margin.

P.F. :-

General

- Malnutrition
- Avitaminosis.
- old age
- D.M.

local

- Dusty Hot atmosphere
- uncorrected error of Refraction.

Type :-

- (1) squamous
- (2) ulcerative.
- (3) Parasitic.
- (4) Angular
- (5) Allergic.



VISIT...

LANZAROTE
Caliente.COM

Squamous blephritis (5)

Etiology: infection on top of Abnormal secretion of lid.
Similar to Seborrhic dermatitis.
Associated with dandruff of scalp.

C.P. Symptoms

- Discomfort
- itching.
- burning sensation
- Falling of Hair

Sign.
white scales between
The lashes if Removed
leave hyperemic lid without
ulceration.

Complications:

- (1) Trichiasis (Thickening of lid Margin)
- (2) Fall of lashes.
- (3) Permanent Redness of lid Margin.

++

- 1- Anti seborrhic treatment
- 2- Remove of scales by 3% Na bicarbonat
or baby shampoo
- 3- Anti biotic ointment & steroid.

Anti seborrhic ++
sodium bicarbonat
steroid

+
Anti ~~Anti~~ biotic ointment



sheet

② ulcerative blephritis.

E.P.F. :- as General

Exciting factor :- Staph aureus Infection.

Symptoms :-

- itching
- burning sensation
- • Photo Phobia
- • lacrimation

Sign.

yellow crust gluing lashes
Together on Removal
leaves ulcer and bleeding
Surface

Complication :-

→ (A) lid

- 1- trichiasis due to scarring at lash root
- 2- Madrosis ~ destruction of Hair follicle.
- 3- Tylosis.
- 4- ~~epiphora~~ due to destruction of sharp posterior lid margin. → eczema → ectropion.
- 5- Multiple styles

→ (B) Conj.

* chronic Conjunctivitis.

→ (C) Cornea

* Marginal Corneal ulcer.



:-

General :- treatment of Predisposing Factor (D.M).

local :- (1) lid hygiene.

(2) lotion NaHCO_3 3% to Remove crust

(3) Anti biotic

(4) Frequent lid massage to evacuate Meibomian secretion



sheet

3 Angular Blephritis

Etiology: infection of lid margin by Morax-axenfeld

Symptoms:

- itching
- Burning sensation
- Discharge
- Macerated skin
- hyperemic inner, outer canthi
- Conjunctivitis

Complications:

- (1) Marginal Corneal ulcer
- (2) Angular Conjunctivitis
- (3) Ankyloblepharon (Adhesion between 2 lid margin).

III :-

GZbt
مزیت

- 1- Zinc Sulfate (Activate proteolytic enzyme)
- 2- tetracycline (to kill organism)
- 3- Gentian Violet (For Macerated skin).
- 4- lotion boric acid 4%

W.B why Angle?

Due to Relative deficiency of tear at angle.
→ deficiency of lysozyme which inhibit effect of bacteria.

[4] Parasitic Blephritis.

Etiology: infection of lid margin by Pubic louse.

C.P

- itching.
- burning sensation.
- lashes covered by black wits and lice.

##

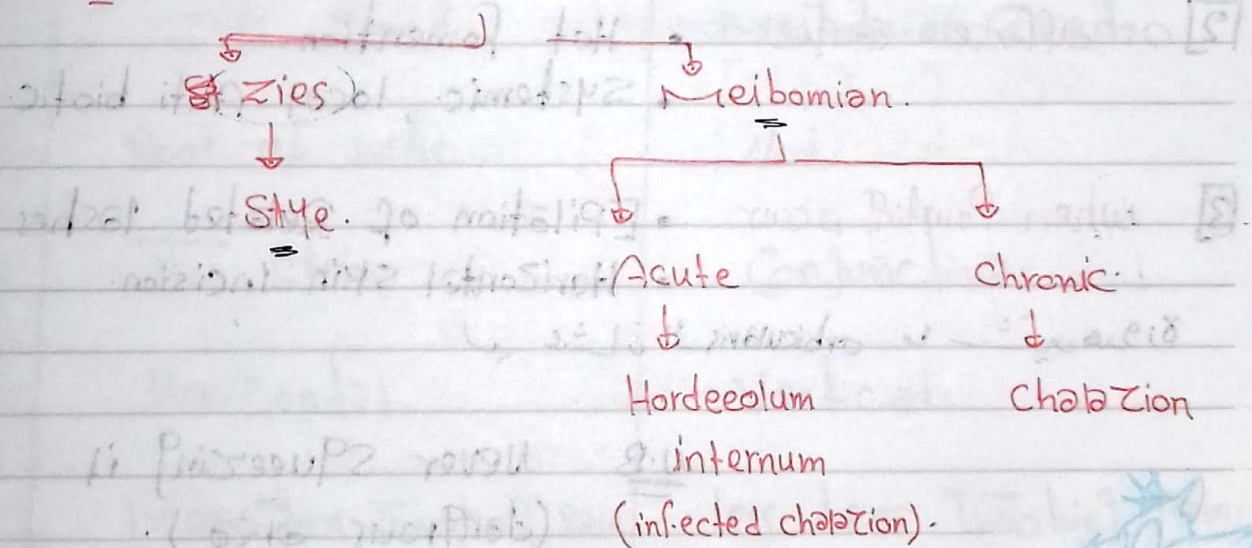
(1) Good hygiene.

(2) Acetic Acid 2% (dissolve substance which glue lashes together)

(3) Yellow Oxid Mercury 1% ointment (destroy larvae)

(4) Removal of lashes in Resistant case.

N.B inflammation of gland



sheet

Stye (Hordeolum externum)

def. - Acute suppurative inflammation of Zeis gland.

Etiology: P.F. of blephritis.
Staph aureus infection.

Symptoms.

• Painful Swelling.
at first → Dull aching.
Then → Throbbing.

Sign
• Red swelling.
→ Related to lashes.
→ close to ~~Red~~ lid margin.
→ in front of grey line.
→ Points on skin side.

Complications:

- (1) Rubbing lashes or trichiasis.
- (2) cavernous sinus thrombosis
- (3) orbital cellulitis.

:-

① ## of P.F

[2] on diffuse stage.

- Hot fomentation.
- Systemic, local Anti biotic.

[3] when Pointing occur

- Epilation of Related lashes
- Horizontal skin incision.

شبه مدارية → orbicularis line ←

N.B Never squeezing it
(dangerous area).

Hordeolum internum.

def:- Acute suppurative inflammation of Meibomian gland.

etiology:- → Primary (Denovo)
→ on top of chronic chalazion.

Symptoms

signs.

As sty.

As sty but
Pointing occur in
Palpebral conjunctiva.

Complication As sty.

##:- As sty but Vertical incision.

	Stye.	Hordeolum internum
Gland	Zies gland	Meibomian Gland.
Related to	Root of lsh	Not
Pointed on	The skin	Conjunctiva.
Incision.	Horizontal	Vertical.
Pain.	More tens Throbbing pain	less tens Throbbing pain.

sheet

Chalazion

def. Chronic inflammatory granuloma of Meibomian gland.

* Etiology:-

Retained secretion followed by Meibomian gland obstruction by

- Fibrosis.
- Dry secretion.
- Epithelial diPris
- Epithelial lining change.

- disfiguring
- Pain less swelling
- Firm
- tenderless
- less prominent on orbicularis contraction.
- Pale area seen in conjunctival side

Fate.

- (1) Spontaneous Resolution
- (2) Complication.
- (3) infection forming Acute chalazion.

Complication

if infected → infected chalazion

- if large →
- upper eye lid → Ptosis
 - lower ~ ~ → ectropion
 - Pressure on cornea → Astigmatism

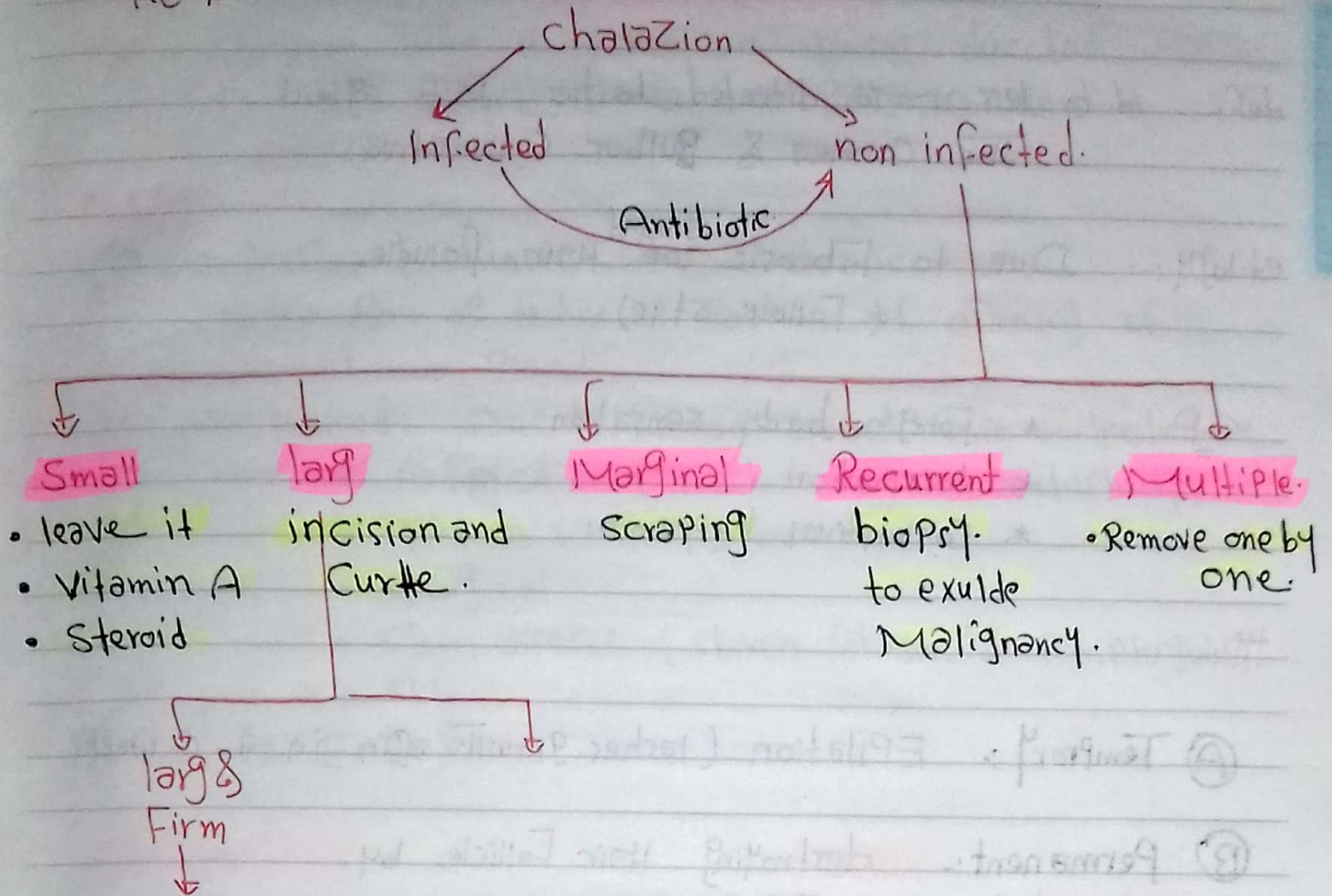
Multiple → Mechanical Ptosis.

Cyst formation → Meibomian cyst

Marginal chalazion → open in white line.

May open Through Conjunctiva.

III :-



Disorder of eye lashes.

- ✓ Madrosis
- ✓ Hypertrichosis.

✓ Rubbing lashes

✓ Trichiasis

✓ Distichiasis

Deformity of lid margin.

✓ Entropion

✓ Ectropion.



Rubbing lashes.

def:- 4 or less 1st directed lashes. RUB against
The Cornea & Bulbar Conjunctiva.

etiology:- Due to Fibrosis ^{around} of Hair Follicle.
(Follow style).

C.P

- * Foreign body sensation
- * laceration
- * Conjunctival hyperemia.

##:-

(A) Temporary:- Epilation (lasher growth again in 4-6 weeks)

(B) Permanent:- destroying Hair Follicle by.

- Electrolysis
- DiaTherm.
- cryoTherapy
- laser.

CDE



sheet

Trichiasis :-

def:- More Than 4 lashes are Mal - directed.
Rub against Cornea and Bulbar Conjunctiva.

etiology:-

① Congenital trichiasis :- Distichiasis.

Extra Row of lashes in Portion of opening of Meibomian gland

② Acquired:- Due to fibrosis around Hair Follicle by

- infection (trachoma, ulcerative blepharitis).
- Trauma (injury, burn).
- Surgical
- Skin disease (Steven Johnson & Pimphegoid)
- sty.

③ 2nd to Entropion.

Symptoms.

- F.B sensation
- lacrimation
- Conjunctival hyperemia
- Photo Phobia.
- blepharo spasm.

Sign:-

Mal directed lashes.

More Than 4

Complication.

Conjunctiva

- ① Mechanical irritation → chronic conjunctivitis
- ② Conjunctival ulceration
- ③ Epithelial plaque.

Cornea

- ① Recurrent corneal ulceration
- ② Corneal opacification.
- ③ Superficial vascularization.
- ④ Epithelial plaque (keratinization due to Epidermoid change).



!!! :-

!!! of Congenital trichiasis:-

Destroy Extra Row by

→ Electrolysis ✓

→ CryoTherapy. ✓

!!! of Acquired trichiasis:-

In upper lid. → Van Millingen's operation.

[displace Mal directed lashes away
from Cornea by Putting Mucous graft
in grey line]

indication:- trichiasis in upper lid.

Contra indication:- trichiasis of lower lid
(Cosmetically bad).

In lower lid → Webster's operation.

[displace Mal directed lashes away from
Cornea by Putting Mucous graft
in sulcus sub tarsalis.

+

- straighten The tarsus

- lengthen Palpebral Conjunctiva.

indication:-

- trichiasis in lower lid.
- cicatricial entropion.

Contra indication • Trichiasis in upper lid
(graft Rup against cornea).

!!! of Entropion if trichiasis secondary to Entropion.

Distichiasis:- Extra Row of lashes in Position of Meibomian gland orifice.

Madrosis:- Permanent absence of eye lashes due to destruction of Hair follicle it may be Partial or total.

Causes

Local Causes

- (1) inflammation (trachoma, sty).
- (2) Trauma (burn, injury).
- (3) Surgical (Electrolysis, cryotherapy).
- (4) lid tumor
- (5) Radiotherapy.

General Causes.

- (1) Alopecia areata
- (2) Myxedema.
- (3) acquired syphilis
- (4) Leprosy
- (5) Psoriasis
- (6) systemic lupus

Poliosis:- whitening of eye lashes.

- Causes:-
- 1- Vogt-Koyanagi Harada
 - 2- Sympathetic ophthalmitis.
 - 3- blepharitis.

Hypertrichosis:-

- Polytichosis → Excess number
- Trichomegaly → abnormal long.

Causes:-

- Congenital
- Drug induced (latano Prost, Cyclosporin, ~~Phen~~ Phenytoin)

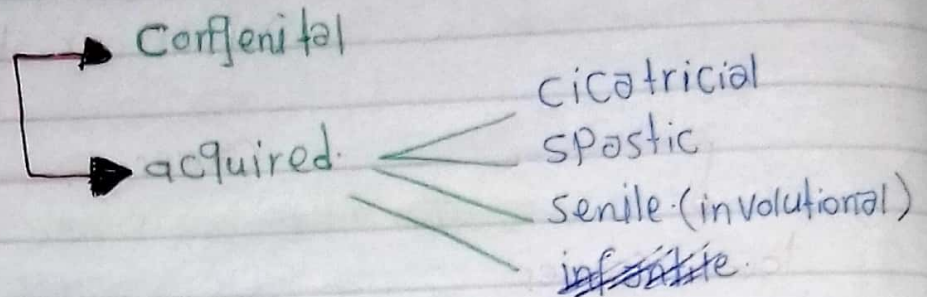
Entropion

def:- Rolling in of lid margin.

C.P (as trichiasis).

Complication

Etiology (Types).



Congenital:-

- Common in lower lid.
- usually associated with microphthalmos
- Deficiency in lower lid Retractor
- hypertrophy of orbicularis.

* Cicatricial (Fibrosis):-

Due to fibrosis of Palpebral Conjunctiva due to

- trachoma
- Chemical burn, caustics
- diphtheria
- Cicatricial Pemphigoid.

Spastic

Due to

- (1) Spasm of Muscle of Riolan
- (2) lack of Support of lid by globe due to Enucleation & enophthalmos.

Involutional:- Due to

- weak in lower lid Retractor
- Horizontal laxity → weak Palpebral ligament
- overriding of Preseptal part of orbicularis muscle.

III :-

Congenital :-

Skin & Muscle operation

Removing of elliptical area of skin and orbicularis muscle of lower lid

Cicatricial :-

upper lid

● Snelten's operation

(1) Anterior lamellar RePosition

(2) Transvers tarsotomy with Marginal Rotation

lower lid

● webster's operation

Spastic :-

(1) treatment of cause of irritation

Mild cases (2) T-shaped Plaste

(3) lateral canthotomy (weak Riolar's Muscle temporarily)

Modest to

(4) Skin & Muscle operation

Sever cases

(5) lateral canthotomy (Permanent)

(6) Botox

Senile

Temporary III :- Everting Sutures

Permant III :-

Jones Procedure

lateral canthal sling

Weiss operation (transvers blepharotomy)



N.B

Snellens operation

(Aim):- straighten tarsus by removing wedge from its substance.

(Indication):- Cicatricial entropion of upper lid.

(Contra indication)

- Entropion in lower lid (tarsus small).
- Recurrent case.

Anterior lamellar reposition

lid split at gray line and the Anterior lamella is repositioned to make the posterior lamella act like barrier protecting the cornea from rubbing lashes.

Transverse tarsotomy with marginal rotation.

Weiss operation (transverse blepharotomy with marginal rotation)

- * Full thickness lid incision is done.
- * 3 double everting suture are tightened
- * Suture evert lid.

lateral tarsal sling

Fixation lateral part of tarsus to lateral orbit rim

lateral canthal sling

Fixation lateral part of tarsus to lateral orbital rim.

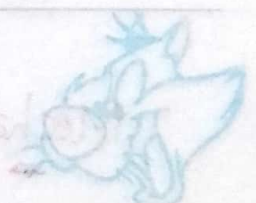
Jones Procedure. Taking of lower lid Retractor.
lid evertin suture.

lateral canthoplasty.

Permanent cut The muscle of Riola by Preventing.
Healing of edge by mucous graft from conjunctiva

lateral canthotomy.

incision lateral ~~lateral~~ canthus to cut fibrosis of
muscle of Riola to prevent spasm.



Sheet

Ectropion.

def:- Rolling out of lid margin.

- Etiology (types)
- (1) Congenital
 - (2) Spastic
 - (3) Cicatricial
 - (4) Senile
 - (5) Paralytic
 - (6) Mechanical

Congenital:- -Rare

- Associated with blepharo Phimosis Syndrome.

Spastic:- Due to

- 1- ocular irritation $\rightarrow$ spasm of muscle.
- 2- over support of lid on globe as in children, exophthalmos.

Cicatricial:- Due to scarring of lid skin (burn, infection)

Senile:- Due to

- laxity of orbicularis muscle.
- laxity of palpebral ligament
- Redundant skin.

Paralytic:- Due to paralysis of orbicularis muscle in facial nerve palsy (LMN).

Mechanical:- Due to weight of lower lid (lid tumor, multiple chalazia)

Symptoms

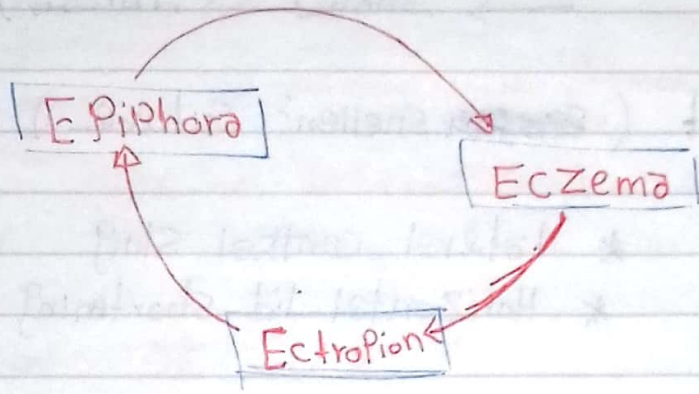
- (1) Epiphora
- (2) Disfigurement (Bad cosmetic)
- (3) Lagophthalmos
- (4) Burning sensation due to exposure

Sign

- Mild exposure of lower palpeum.
- Modest exposure of Palpebral conjunctiva.
- Severe exposure of lower Fornix.

Complication

1



2 Exposure Conjunctivitis lead to Xerosis, Chronic conj., Epidermalization

3 Exposure Keratitis lead to Xerosis, ulceration

4 Lagophthalmos

5 Epiphora



III

Spastic : treatment of cause.

Cicatricial:-

Small scar * V-Y Plasty @ Z Plasty
*
Big scar Skin graft

Senile:-

Mild (Cautery to the lower fornix of conjunctive
→ induce fibrosis).

Modret (~~Snellen's~~ Snellen's suture)

Sever * lateral canthal sling
* Horizontal lid shortening & blepharoplasty

Paralytic.

- (1) treatment of cause.
- (2) Protection of Cornea by lubricating drop during day & ointment during night.
- (3) Help nerve Regeneration by (Vit B Complex & vasodilator & Cortison & Massage).
- (4) lateral tarsorrhaphy to induce Adhesion between upper, lower eye lid either Temporary or Permanent
- (5) Fascia lata sling.
- (6) lateral tarsal sling.
- (7) Gold weights to upper lid → Ptosis.

Mechanical

treatment of caus.

Disorder of lid Portion.

- 1] Ptosis → drooping of upper lid.
- 2] lid Retraction → upper eye lid cover less than 2 mm of upper cornea.
- 3] lower lid Retraction → in Horner syndrome.
- 4] lagophthalmos → in complete closure of eye lid when eye lightly close.

sheet

* Ptosis *

def:- drooping of upper lid.

Etiology:-

Congenital
Acquired.

neurogenic

Myogenic

Aponurotic

Mechanical

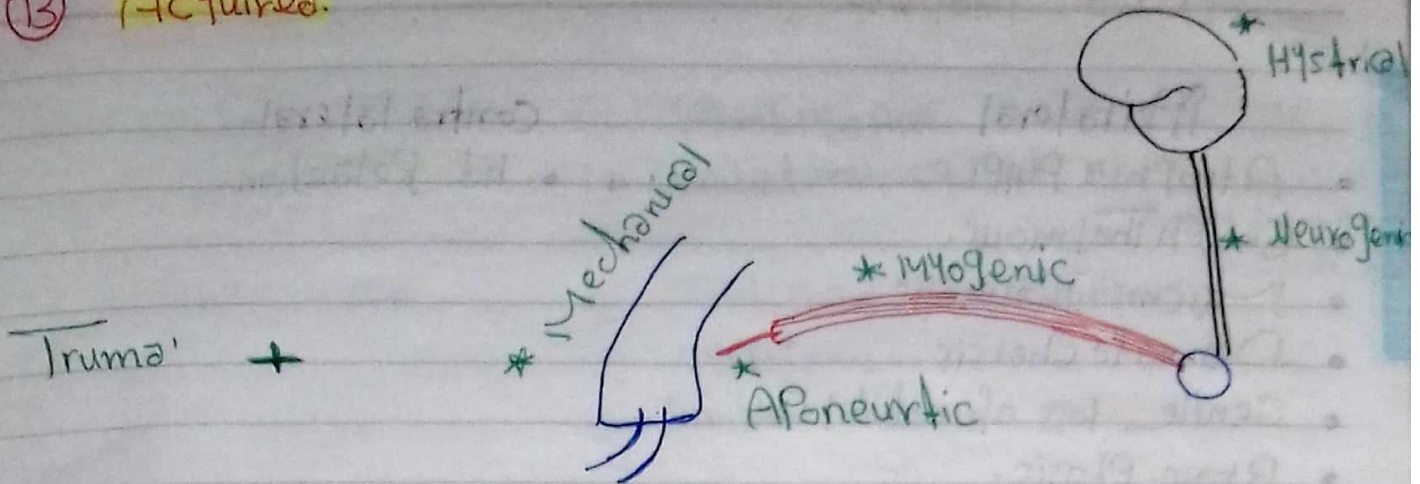
Hystical

Trumatic.

(A) Congenital Ptosis.

- usually Hereditary
- usually bilateral
- May due to absence of levator or its nerve supply
- May associated with other Anomalis. as
 - weak Superior Rectus Muscle.
 - Marcus gunn's Phenomena
 - Blepharophemosis.
 - Epicanthus.
- More Common.
- Dated since birth.

③ Acquired.



① Myasthenic

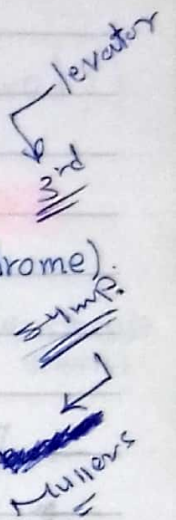
- Bilateral
- More Common in Young Female.
- with Psychic Truma.

② Neurogenic.

- lesion on oculomotor nerve or its nucleus
- loss of sympathetic supply to eye (Horner's Syndrome).

③ Myogenic:-

- Muscle Atrophy
- Botox injection.
- Myasthenia gravis.



④ Aponeuritic. (most Common).

- dis insertion between levator and its attache in Skin, Tarsus due to Post operative.
- laxity of levator Aponeurosis.

⑤ Mechanical

- due to increas weight of lid by edema, tumor....

⑥ Traumatic.

- due to truma of levator or its nerve supply.

Pseud Ptosis:-

Ipsilateral

- Atrophy of Pulpi
- Enophthalmos.
- Microphthalmos
- Dermatochalasis
- Senile loss of orbital fat
- Brow Ptosis.
- Vertical squint.

Contralateral.

- lid Retraction.

Symptoms:-

- (1) Bad cosmetic Appearance
- (2) Drop of vision in severe case.

Sign:-

- (1) Drooping of eye lid
 - (2) Absent of lid crease.
 - (3) Compensatory Mechanism. (severe cases).
- Fore head Corrugations
 - eyebrow Arching.
 - in unilateral cases
 - Face turn and Head tilt
 - Contralateral lid Retraction (due to ↑ innervation).
 - in bilateral cases.
 - chin elevation.
 - eye Roll downward to see as much possible

Complication:-

In uni lateral cases

- (1) Amblyopia
- (2) unilateral squint

الانحراف في العين السليمة
Resting Position

→ diverge out

in bilateral cases.

- (1) Torti Collis.
- (2) Nystagmus.
- (3) lumber lordosis.

Evaluation of Ptosis (Measurement). (Examination of Ptosis)

قياس

① History

- Age of onset (Congenital or aquired?).
- History of Fever
- " " Trauma
- " " D.M
- Time of Maximum Ptosis. (Myasthenia gravis).

② Exclude Pseudo Ptosis.

③ Measurement.

① Degree of Ptosis (Margin Reflex distance).

Mild	→ drooping	1 - 2 mm.
Modret	→ drooping	3 mm
Sever	→ drooping	≥ 4 mm.

N.B Margin - Reflex distance :- distance from center of upper lid Margin to corneal light Reflex.

② Vertical Fissure height 10 mm.

© levator Function. (Thumb test).

Poor $\rightarrow$ < 5 mm.
Fair $\rightarrow$ $5-10$ mm.
Good $\rightarrow$ > 10 mm.

④ Exclude Associated sign.

- ▶ Superior Rectus weakness
- ▶ Blepharo Phimosis.
- ▶ Marcus Gunn's Phenomena
- ▶ 3rd Nerve Palsy
- ▶ Myasthenia gravis.

Blepharo



treatment of Ptosis :-

Indication of Ptosis is surgical except in -

- Myasthenia gravis
- Hystriical Ptosis
- Psudo Ptosis.

⇒ indication of surgery :-

- Congenital Ptosis
- Acquired when treatment of cause failed or impossible.

(انشال شقوى) Ptosis - متى متهاش ال

⇒ Contra indication of surgery:-

- Comple^t 3rd nerve Paralysis ?!

لأنه يبقى عنده diplopia لو متهاش ال Ptosis

- Absence of Bell's Phenomena ?!

(exposed Cornea → exposure Keratitis).

- Corneal Anaesthesia (Ptosis Protect Cornea till sensation Recover)

⇒ Timing of Surgery :- [Indication of Congenital Ptosis]

- Pre school age → After Age of 5 year to allow muscle growth (in Mild and Moderate Ptosis).

- early as possible to Prevent amblyopia.
(in severe and unilateral cases).

⇒ Associated feature.

- Squint should be treated before Ptosis.
to avoid diplopia as in 3rd nerve Palsy.

- Epicanthus should be treated first.

* Type of surgery :-

[1] in Mild Ptosis with Good levator Function.
do "levator tucking operation"

Part of levator is Excised together with upper border of tarsus Through Conjunctiva.

[2] in Moderate Ptosis with good to Fair levator Function.
do "levator Resection"

→ Resection and Advancement of levator muscle.

→ Each 1mm of Ptosis need 3mm muscle Resection.

→ if Trans Conjunctival called Blasco Vics operation

→ if Transcutaneous Called Everbush operation.

[3] in Sever Ptosis with poor levator Function
(Completely Paralyzed of levator).

do "Frontalis suspension" or "tarsal sling"

→ lid is Suspended to Frontalis. using

✓ Fascia lata

✓ levator aponeurosis.

✓ Prolene Sutures "Hess operation"

In Murchison's Phenomenon.

do Complete paralysis of levator at first by
Cutting nerve or muscle.

Then.

do Frontalis sling (bilateral

لأن لمصاحبه ال Ptosis وهو قافل بقية اول ما يفتح بقية هيزيد التصليح



A Ht of Acquired Ptosis.

[1] Mechanical Remove The cause.

[2] Hystrical Psycho Analysis.

[3] Myasthenia gravis. Prostigmine.

[4] Paralytic Ptosis due to 3rd nerve palsy.
wait for 6 Month to Allow Regeneration of Nerve
Then do Surgical treatment

N.B Associated squint treated First to avoid
Post operative diplopia.

[5] Senile do levator Resection or levator aponeurosis Repair

[6] Horner's Syndrome do Fasanella servat Operation.

(Excision of upper 3mm of tarsus
involving Conjunctiva, levator muscle)

[7] Traumatic Ptosis. wait for 6 months.



def:- in complete closure of palpebral fissure when eye lid lightly shut

Cases:- (etiology).

Local Causes

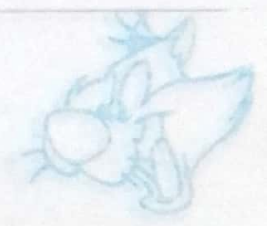
General Causes.

- | | | |
|--------|---|--|
| Lid | (1) Congenital or acquired Coloboma | (1) over weakness with loss of muscle tone |
| | (2) Scarring in lid. | (2) Coma. |
| | (3) Ectropion | |
| | (4) Over Correction after Ptoisis operation | |
| | (5) Lid Retraction. | |
| | (6) Paralysis of orbicularis. | |
| | (7) Symblepharon. | |
| Globe. | (8) Proptosis | |
| | (9) Staphyloma | |

N.B May occur physiological during sleep due to lack of orbicularis tone.

Symptoms:-

- (1) Epiphora
- (2) Disfigurement
- (3) burning Sensation due to exposure
- (4) ↓ Vision.



Complication

- Conj.
- Chronic Conjunctivitis
 - Xerosis
 - Epidermalization.

- Cornea.
- Xerosis
 - Exposure keratitis.

##

① ## of cause. (## Bell's Palsy).

② Protection of Cornea

- during day by contact lens or glasses
- during night by applying ointment

③ lateral tarsorrhaphy

(temporary or permanent adhesion between lid margin).

Xanthelasma

- bilateral
- Medially located
- white - yellow sub cutaneous Plaque indicate hyper cholesterolemia & DM.

Dermatochalasis:-

Reduncy of upper lid in old age.
associated with bulging of orbital fat

Blepharochalasis:-

Reduncy of upper lid in middle age.
due to Recurrent attack of edema.

* lid Margin Anatomy

* Cicatricial Entropion (causes, Types, c.p).

* Trasaraphy (def. & indication).